

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new non-provisional applications under 37 CFR §1.53(b))

Mail Stop Patent Application
Commissioner for Patents
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Alexandria, VA 22313-1450

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January 26, 2004

Date of Deposit

Signature

James W. Bolasek
James W. Bolasek

EL964822233US

Express Mail No.

Transmitted herewith for filing is the patent application under 37 CFR 1.53(b) of:

AVENTIS DOCKET NO.: **ST01033 US CNT**

INVENTORS: **Antony Bigot, et al**

TITLE: **USE OF 2-AMINO-THIAZOLINE
DERIVATIVES AS INHIBITORS OF
INDUCIBLE NO-SYNTASE**

22387 U.S. PTO
10/764853

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. ☒ Specification
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

Total Pages 23

3. ☐ Drawing(s) (35 U.S.C. 113)

Total Sheets

4. Oath or Declaration

Total Pages 2

- a. ☐ Newly executed (original or copy)

- b. ☒ Copy from a prior application (37 CFR § 1.63(d))

- i. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).

5. Power of Attorney

Total Pages 1

- a. ☒ Copy of executed document

- b. ☐ Copy from a prior application (37 CFR § 1.63(d))

6. ☐ Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission

(if applicable, all necessary)

- a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of above copies

☒ If a **CONTINUING Application**, check appropriate box, and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part

of prior application no: **10/291,084**, filed **November 8, 2002**.

Examiner _____, Group/Art Unit _____.

(The cross reference has been/will be inserted on page one of the specification).

☒ This application claims the benefit of U.S. Provisional Application No. **60/352,797**,
filed **January 30, 2002**.

(The cross reference has been/will be inserted on page one of the specification).

☒ **Incorporation By Reference**

(useable if filing a continuation/divisional and a copy of the declaration from the prior application is enclosed.)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ACCOMPANYING APPLICATION PARTS

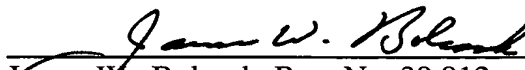
7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 CFR §3.73(b) Statement
(when there is an assignee)
9. ☐ Verified English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☒ Other: **Application Data Sheet (3 pgs.)**

CORRESPONDENCE ADDRESS

- ☒ Customer Number or Bar Code Label

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James W. Bolcsak, Reg. No. 39,912
Attorney/Agent for Applicant

Aventis Pharmaceuticals Inc.
Patent Department
Route #202-206 / P.O. Box 6800
Bridgewater, New Jersey 08807-0800
Telephone (908) 231-5922
Telefax (908) 231-2626
Aventis Docket No. **ST01033 US CNT**

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Currently Filed Herewith
First Named Inventor	Antony Bigot, et al
Examiner Name	
Group / Art Unit	
Attorney Docket No.	ST01033 US CNT

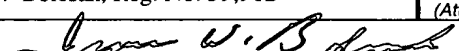
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-1982</u> Deposit Account Name: <u>Aventis Pharmaceuticals Inc.</u> The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1" style="width:100%"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English Specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width:100%"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims 8 - 20** =</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Independent 2 - 3** =</td> <td>0</td> <td>86</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td>0</td> <td></td> <td>0</td> </tr> </tbody> </table>							Extra Claims	Fee from below	Fee Paid	Total Claims 8 - 20** =	0	18	0	Independent 2 - 3** =	0	86	0	Multiple Dependent	0		0																								
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**or number previously paid, if greater; For Reissues, see above																																													

Other fee (specify)		Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	
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SUBMITTED BY

Complete (If applicable)

Name (Print/Type)	James W. Bolcsak, Reg. No. 39,912	Registration No. (Attorney/Agent)	39,912	Telephone	(908) 231-5922
Signature				Date	1-26-2004

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Aventis Pharmaceuticals Inc. template